Application Data Sheet

Application Information

Application Type::

Regular

Subject Matter::

Utility

Title::

CASH DISPENSING AUTOMATED BANKING

MACHINE AND METHOD

Suggested Class/subclass::

235/379

Suggested Group Art Unit::

2876

Attorney Docket Number::

D-1217 R1

Request for Early Publication?::

No

Request for Non-Publication?::

No

Suggested Drawing Figure::

18

Total Drawing Sheets::

15

Small Entity::

No

Petition included?::

Secrecy Order in Parent Appl.?:: No

No

Initial 03/09/04

Applicant Information

Inventor Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: H.

Middle Name:: Thomas

Family Name:: Graef

Name Suffix::

City of Residence:: Bolivar

State or Prov. Of Residence:: OH

Country of Residence:: US

Street of mailing address:: P.O. Box 287

City of mailing address:: Bolivar

State or Province of mailing address:: OH

Country of mailing address:: US

Inventor Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Kenneth

Middle Name:: C.

Family Name:: Kontor

Name Suffix::

City of Residence:: Chesterland

State or Prov. Of Residence:: OH

Country of Residence:: US

Street of mailing address:: 9170 Cedar Road

City of mailing address:: Chesterland

State or Province of mailing address:: OH

Country of mailing address:: US

Inventor Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Michael

Middle Name:: J.

Family Name:: Harty

Name Suffix::

City of Residence:: North Canton

State or Prov. Of Residence:: OH

Country of Residence:: US

Street of mailing address:: 6265 Walnut Ridge Circle N.W.

City of mailing address:: North Canton

State or Province of mailing address:: OH

Country of mailing address:: US

Inventor Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Brian

Middle Name:: M.

Family Name:: Jones

Name Suffix::

City of Residence:: Navarre

State or Prov. Of Residence:: OH

Country of Residence:: US

Street of mailing address:: 5870 Richville Drive, S.W.

City of mailing address:: Navarre

State or Province of mailing address:: OH

Country of mailing address:: US

Correspondence Information

Correspondence Customer Number:: 28995

Representative Information

Representative Customer Number::	28995
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Domestic Priority Information

Application::	Continuity Type::	Parent	Parent Filing Date::
		Application::	
This Application	Claims benefit under 35	60/453,146	03/10/2003
1	U.S.C. § 119(e)		

Assignee Information

Assignee Name::

Diebold Self-Service Systems

Division of Diebold, Incorporated

City of mailing address::

North Canton

State or Province of mailing address::

OH